Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 1 of 60

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). | Isabel First name M. Middle name | First name Middle name |
| | Bring your picture identification to your meeting with the trustee. | Rivera Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-9014 | |

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Case number (if known) Debtor 1 Isabel M. Rivera

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | | |
| | | EINs | EINs | | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | | |
| | | 2715 North Cicero Avenue Apartment 209 Chicago, IL 60639 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Cook | | | | |
| | | County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing | Check one: | Check one: | | | |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | |

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Case number (if known) Debtor 1 Isabel M. Rivera

| ar | t 2: Tell the Court About | Your Ba | ankruptcy Ca | ase | | | | | |
|-----|---|-------------|-----------------|--|---|---|-----|--|--|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see Notice Required by | v 11 U.S.C. § 342(b) for Individuals Filing for Bankrupto ate box. | СУ | | |
| | choosing to file under | ■ Ch | ■ Chapter 7 | | | | | | |
| | | ☐ Ch | napter 11 | | | | | | |
| | | ☐ Ch | napter 12 | | | | | | |
| | | ☐ Ch | napter 13 | | | | | | |
| | | | | | | | | | |
| 3. | How you will pay the fee | | about how yo | the entire fee when I file my petition. Please check with the clerk's office in your local court for v you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's checour attorney is submitting your payment on your behalf, your attorney may pay with a credit card of the address. | | | | | |
| | | | | | tallments. If you choose this optos (Official Form 103A). | ion, sign and attach the Application for Individuals to F | Pay | | |
| | | | | | | on only if you are filing for Chapter 7. By law, a judge n | | | |
| | | | | | | our income is less than 150% of the official poverty lin in installments). If you choose this option, you must fill | | | |
| | | | the Application | on to Have the C | Chapter 7 Filing Fee Waived (Off | icial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
|). | Have you filed for bankruptcy within the | ■ No. | | | | | | | |
| | last 8 years? | ☐ Yes | s. | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 0. | Are any bankruptcy | = N. | | | | | | | |
| - | cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes | 3. | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your | ■ No. | Go to I | ine 12. | | | | | |
| | residence? | ☐ Yes | | our landlord obta | ained an eviction judgment agair | est vou? | | | |
| | | L Tes | s. Has ye | No. Go to line | | , | | | |
| | | | | | | Judgment Against You (Form 101A) and file it with the | is | | |
| | | | | bankruptcy pet | | | . • | | |

Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 4 of 60 Case number (if known) Debtor 1 Isabel M. Rivera Part 3: Report About Any Businesses You Own as a Sole Proprietor Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

Part 4:

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. | |
|------|--|
| | |
| | |

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Isabel M. Rivera Page 5 of 60 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 6 of 60 Case number (if known) Debtor 1 Isabel M. Rivera Answer These Questions for Reporting Purposes Part 6: Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16a. 16. What kind of debts do individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain 16b. money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. I am not filing under Chapter 7. Go to line 18. 17. Are you filing under □ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative expenses No. are paid that funds will ☐ Yes be available for distribution to unsecured creditors? **25,001-50,000 1**,000-5,000 18. How many Creditors do 1-49 **50,001-100,000** you estimate that you **5001-10,000 50-99** ☐ More than 100,000 owe? **1**0,001-25,000 100-199 □ 200-999 □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million How much do you \$0 - \$50,000 □ \$1.000.000.001 - \$10 billion estimate your assets to □ \$10,000,001 - \$50 million □ \$50,001 - \$100,000 □ \$10,000,000,001 - \$50 billion be worth? □ \$50,000,001 - \$100 million ☐ \$100.001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million □ \$500,000,001 - \$1 billion □ \$1,000,001 - \$10 million 20. How much do you **\$0 - \$50,000** □ \$1,000,000,001 - \$10 billion estimate your liabilities □ \$10.000.001 - \$50 million **S50.001 - \$100,000** □ \$10,000,000,001 - \$50 billion to be? □ \$50,000,001 - \$100 million \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Isabel M. Rivera Signature of Debtor(1

Executed on

MM / DD / YYYY

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MM / DD / YYY

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Executed on

Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 7 of 60 Case number (if known) Debtor 1 Isabel M. Rivera I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter For your attorney, if you are represented by one for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the If you are not represented by schedules filed with the petition is incorrect. an attorney, you do not need to file this page. Date Signature of Attorney for Debtor Thayer C. Torgerson Law Office of Thayer C. Torgerson Firm name 2400 North Western Avenue

Email address

ted@tedtorgersonlaw.com

Bar number & State

Chicago, IL 60647 Number, Street, City, State & ZIP Code

Contact phone 773-772-0844

| | | DOGUIII | eni Paue o ul uu | | |
|---------------------|--------------------------|-------------------|------------------|---|-----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Isabel M. Rivera | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | I | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | t 1: Summarize Your Assets | | |
|----|--|-------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 10,112.30 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 10,112.30 |
| Pa | t 2: Summarize Your Liabilities | | |
| | | | iabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 8,041.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 109,377.22 |
| | Your total liabilities | \$ | 117,418.22 |
| Pa | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 0.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 988.00 |
| Pa | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other so | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for | a persona | l, family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Page 9 of 60 Case number (if known) Debtor 1 Isabel M. Rivera

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ 0.00 |
|----|--|------------|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Boot A on Only data E/E consults following | Total c | laim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 36,252.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 36,252.00 |

Document Page 10 of 60 Fill in this information to identify your case and this filing: Debtor 1 Isabel M. Rivera Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan Make: Who has an interest in the property? Check one 3 1 the amount of any secured claims on Schedule D: Versa Creditors Who Have Claims Secured by Property. Debtor 1 only Model: 2015 Debtor 2 only Current value of the Current value of the 30000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another \$7,110.00 \$7,110.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$7,110.00 pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

claims or exemptions.

| | Case 18-00316 | Doc 1 | Filed 01/05/18 | | Desc Main |
|--------------------------------------|--|----------------|---------------------------|--|---|
| Debtor 1 | Isabel M. Rivera | | Document | Page 11 of 60 Case number (if known) | |
| Yes. | Describe | | | | |
| | Househ | nold Furnit | ure | | \$1,000.00 |
| 7. Electror | nics | | | | |
| Exampl | | | | oment; computers, printers, scanners; music c | ollections; electronic devices |
| ■ No □ Yes. | Describe | | | | |
| Exampl | bles of value les: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; stamp, coin | or baseball card collections; |
| ■ No □ Yes. | Describe | | | | |
| Exampl | ent for sports and hobbie es: Sports, photographic, ex musical instruments | | other hobby equipment; | bicycles, pool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| ■ No □ Yes. | Describe | | | | |
| 10. Firear n Examp ■ No | ns <i>oles:</i> Pistols, rifles, shotguns | s, ammunitior | n, and related equipmen | t | |
| | Describe | | | | |
| □ No | oles: Everyday clothes, furs | , leather coat | s, designer wear, shoes | , accessories | |
| ■ Yes. | Describe | | | | \$2,000.00 |
| | Clothin | 9 | | | φ2,000.00 |
| 12. Jewelr Examµ ■ No | | rume jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watches, gems, o | gold, silver |
| ☐ Yes. | Describe | | | | |
| Examp | rm animals oles: Dogs, cats, birds, hors | es | | | |
| ■ No □ Yes. | Describe | | | | |
| 14. Any ot ■ No | her personal and househo | old items yo | u did not already list, i | ncluding any health aids you did not list | |
| ☐ Yes. | Give specific information | | | | |
| | the dollar value of all of your art 3. Write that number he | | | ny entries for pages you have attached | \$3,000.00 |
| | scribe Your Financial Assets | | | | |
| Do you ow | vn or have any legal or eq | uitable inter | est in any of the follow | ring? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | | | | osit box, and on hand when you file your petiti | on |
| ☐ Yes Official Forr | m 106A/B | | Schedule A/B: F | | page 2 |

Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 12 of 60 Case number (if known) Debtor 1 Isabel M. Rivera 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Bank of America** \$2.00 checking **Bank of America** \$0.30 17.2. **saving** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes. Give specific information about them...

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

No

| D | ebtor 1 | Isabel M. Rivera | Document | Page 13 of 60 Case number (if known) | |
|----|-----------------|--|----------------------------|--|---|
| 27 | . Licens | es, franchises, and other general int | angibles | on holdings, liquor licenses, professional licens | 200 |
| | ■ No | oles. Building permits, exclusive license | s, cooperative association | on noidings, liquol licenses, professional licens | ,es |
| | | Give specific information about them | | | |
| M | oney or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax ref | unds owed to you | | | |
| | | Give specific information about them, in | ncluding whether you alr | eady filed the returns and the tax years | |
| 29 | Examp | | ousal support, child supp | oort, maintenance, divorce settlement, property | y settlement |
| | ⊔ Yes. | Give specific information | | | |
| 30 | | amounts someone owes you bles: Unpaid wages, disability insurance benefits; unpaid loans you made t | | nefits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| | _ | Give specific information | | | |
| 31 | | ets in insurance policies oles: Health, disability, or life insurance; | ; health savings account | (HSA); credit, homeowner's, or renter's insura | nce |
| | _ | Name the insurance company of each Company name: | | Beneficiary: | Surrender or refund value: |
| 32 | If you | terest in property that is due you from are the beneficiary of a living trust, expense one has died. | | ed nsurance policy, or are currently entitled to rec | eive property because |
| | ■ No □ Yes. | Give specific information | | | |
| 33 | Exam | against third parties, whether or no ples: Accidents, employment disputes, i | | | |
| | ■ No □ Yes. | Describe each claim | | | |
| 34 | Other | contingent and unliquidated claims o | of every nature, includi | ng counterclaims of the debtor and rights t | o set off claims |
| | ☐ Yes. | Describe each claim | | | |
| 35 | . Any fir No | nancial assets you did not already lis | t | | |
| | ☐ Yes. | Give specific information | | | |
| 36 | | | | any entries for pages you have attached | \$2.30 |
| Pa | art 5: De | scribe Any Business-Related Property Yo | u Own or Have an Interest | In. List any real estate in Part 1. | |
| | _ ` | own or have any legal or equitable interes | st in any business-related | property? | |
| | _ | to Part 6. | | | |
| | ☐ Yes. 0 | So to line 38. | | | |

Official Form 106A/B Schedule A/B: Property page 4

Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 14 of 60 Case number (if known) Debtor 1 Isabel M. Rivera Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$7,110.00 57. Part 3: Total personal and household items, line 15 \$3,000.00 58. Part 4: Total financial assets, line 36 \$2.30 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$10,112.30

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

62. Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$10,112.30

\$10,112.30

| | | | Document | F | Page 15 of 60 | _ | |
|-------------------------|---|--|--|--------------------------|--|---|--|
| Fil | ll in this inform | nation to identify your ca | | | | | |
| De | ebtor 1 | Isabel M. Rivera | | | | | |
| _ | | First Name | Middle Name | L | ast Name | | |
| | ebtor 2 oouse if, filing) | First Name | Middle Name | L | ast Name | | |
| Un | nited States Bar | nkruptcy Court for the: | NORTHERN DISTRICT OF I | ILLIN | OIS | | |
| Ca | ase number | | | | | | |
| | known) | | | | | | Check if this is an amended filing |
| ∩ | fficial For | m 106C | | | | _ | Ç |
| | | | perty You Cla | im | as Exempt | | 4/16 |
| the nee cas | property you list eded, fill out and se number (if kn | sted on <i>Schedule A/B: Pro</i> d attach to this page as moown). | operty (Official Form 106A/B) any copies of <i>Part 2: Additior</i> | as yo nal Pa | her, both are equally responsible four source, list the property that you ge as necessary. On the top of any | claim as ex additional p | empt. If more space is pages, write your name and |
| spe any un exe | ecific dollar amy y applicable stands—may be un emption to a pa | nount as exempt. Alterna atutory limit. Some exen nlimited in dollar amoun | atively, you may claim the fo nptions—such as those for ht. However, if you claim an | ull fai healt exen | ount of the exemption you claim. r market value of the property be th aids, rights to receive certain be aption of 100% of fair market value termined to exceed that amoun | eing exempt benefits, an ue under a l | ted up to the amount of d tax-exempt retirement aw that limits the |
| Pa | rt 1: Identify | y the Property You Clair | n as Exempt | | | | |
| 1. | Which set of | exemptions are you cla | iming? Check one only, ever | n if yo | ur spouse is filing with you. | | |
| | You are cla | aiming state and federal n | onbankruptcy exemptions. 1 | 1 U.S | S.C. § 522(b)(3) | | |
| | _ | aiming federal exemptions | | | - ,,,, | | |
| 2 | | | • ()() | mnt | fill in the information below. | | |
| ۷. | | on of the property and line | • | • • | ount of the exemption you claim | Specific Ia | ws that allow exemption |
| | | that lists this property | portion you own Copy the value from Schedule A/B | | ck only one box for each exemption. | эреспіс і | ws that allow exemption |
| | Household | | \$1,000.00 | | \$1,000.00 | 735 ILC | S 5/12-1001(b) |
| | Line from Sch | edule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Clothing | | | _ | | 735 ILC: | S 5/12-1001(a) |
| | _ | nedule A/B: 11.1 | \$2,000.00 | | \$2,000.00 100% of fair market value, up to | | |
| | | | | | any applicable statutory limit | | |
| | | Bank of America | \$2.00 | | \$2.00 | 735 ILC | S 5/12-1001(b) |
| | Line from Con | oddio 77 B. TTT | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | nk of America | \$0.30 | | \$0.30 | 735 ILC | S 5/12-1001(b) |
| | Line from Scn | edule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | (Subject to ad | justment on 4/01/19 and | | ses fi | led on or after the date of adjustme | , | |

Official Form 106C

No

Yes

Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Page 16 of 60 Case number (if known) Document

Debtor 1 Isabel M. Rivera

| Cas | e 18-00316 | Doc 1 Filed 01/05/1 | | | 6:56 Desc M | lain |
|--|--|--|--|--|--|---|
| this informa | tion to identify you | | | | | |
| r 1 | Isabel M. Rivera | Middle Name | Last Name | | | |
| r 2 e if, filing) | First Name | Middle Name | Last Name | | | |
| l States Bank | ruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | | |
| number n) | | | | | _ | if this is an ed filing |
| | | Who Have Claims | s Secured | by Property | | 12/15 |
| ed, copy the A (if known). | dditional Page, fill it | out, number the entries, and attach | | | | |
| • | • | , , , , | | | | |
| | | · | ner schedules. Yo | u have nothing else to i | eport on this form. | |
| Yes. Fill in a | II of the information | below. | | | | |
| List All | Secured Claims | | | 0.1 | 0.1 | 0.1.0 |
| h claim. If mor | e than one creditor has | a particular claim, list the other credi | tors in Part 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Column C Unsecured portion If any |
| | or Acceptanc | Describe the property that secure | es the claim: | \$8,041.00 | \$7,110.00 | \$931.00 |
| Creditor's Name | | 2015 Nissan Versa 30000 | miles | | | |
| Dallas, TX 7 | 75266 | As of the date you file, the claim apply. Contingent Unliquidated | is: Check all that | | | |
| wes the debt | ? Check one. | ☐ Disputed Nature of lien. Check all that appl | y. | | | |
| ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | | □ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit | | | | |
| mmunity debt | Opened 01/15 Last | | | | | |
| | this information of the cast one of the cast o | Isabel M. Rivera First Name T 2 First Name I States Bankruptcy Court for the states Bankruptcy Court for States Bankrupt | this information to identify your case: I sabel M. Rivera First Name Middle Name First Name Middle Name States Bankruptcy Court for the: NORTHERN DISTRICT OF NORTHERN DIS | this information to identify your case: 1 | This information to identify your case: I sabel M. Rivera First Name Page 17 of 60 | this information to identify your case: Isabel M. Rivera |

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$8,041.00

\$8,041.00

| | Case 10-00310 L | Document | Page 18 | R of 60 | 0.50 Des | C Mairi |
|-------------------------|--|---|------------------|----------------------------------|---------------------|---|
| Fill in th | is information to identify your o | | 1 000, 10 |) (i) (i) | | |
| Debtor 1 | Isabel M. Rivera | | | | | |
| Debtor 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, | filing) First Name | Middle Name | Last Name | | | |
| United S | tates Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | | |
| Case nu | mber | | | | | |
| (if known) | | | | | _ c | heck if this is an |
| | | | | | aı | mended filing |
| Officia | l Form 106E/F | | | | | |
| | lule E/F: Creditors W | ho Have Unsecured | Claims | | | 12/15 |
| | pplete and accurate as possible. Use | | | Name O fam and disana sociale No | ONDDIODITY -I-: | |
| eft. Attacl name and | D: Creditors Who Have Claims Secunithe Continuation Page to this page case number (if known). | e. If you have no information to rep | | | | |
| Part 1: | List All of Your PRIORITY Uns | | | | | |
| _ | ny creditors have priority unsecured | ciaims against you? | | | | |
| | o. Go to Part 2. | | | | | |
| ☐ Ye | | V II | | | | |
| Part 2: | List All of Your NONPRIORITY | | | | | |
| 3. Do ar | ny creditors have nonpriority unsec | ured claims against you? | | | | |
| □ No | o. You have nothing to report in this pa | art. Submit this form to the court with | your other sche | dules. | | |
| ■ Ye | 9 S. | | | | | |
| unsed | Ill of your nonpriority unsecured cla cured claim, list the creditor separately one creditor holds a particular claim, list. | for each claim. For each claim listed | identify what t | ype of claim it is. Do not list | claims already incl | luded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | AT&T Mobility | Last 4 digits of acco | ount number | 0028 | | \$286.59 |
| | Nonpriority Creditor's Name | | | | | • |
| | P.O. Box 6416 | When was the debt | incurred? | 07/2017 | | |
| _ | Carol Stream, IL 60197 Number Street City State Zlp Code | As of the date you f | ile. the claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | | , | | | |
| 1 | Debtor 1 only | ☐ Contingent | | | | |
| _ | Debtor 2 only | ☐ Unliquidated | | | | |
| _ | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and ano | T (NONDRIOR | ITY unsecured | I claim: | | |
| _ | ☐ Check if this claim is for a comm | По | | | | |
| | debt | | g out of a sepa | ration agreement or divorce | that you did not | |
| I | s the claim subject to offset? | report as priority clair | | • | • | |
| ı | No | ☐ Debts to pension | or profit-sharin | g plans, and other similar d | ebts | |
| I | □Yes | Other. Specify | Jtility Servi | ices | | |

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Debtor 1 Isabel M. Rivera Case number (if know) \$15,503.00 4.2 **Bank Of America** Last 4 digits of account number 8787 Nonpriority Creditor's Name Nc4-105-03-14 Opened 8/29/13 Last Active Po Box 26012 When was the debt incurred? 10/09/17 Greensboro, NC 27410 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.3 **Bank Of America** Last 4 digits of account number \$2,137.00 7782 Nonpriority Creditor's Name Nc4-105-03-14 Opened 02/08 Last Active Po Box 26012 When was the debt incurred? 2/04/17 Greensboro, NC 27410 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify 4.4 **Capital One** 3465 \$3,488.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: General Opened 07/13 Last Active Correspondence/Bankruptcy When was the debt incurred? 02/17 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit Card

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Debtor 1 Isabel M. Rivera Case number (if know) \$35.00 4.5 Centra Care Florida Hospital Urgent Last 4 digits of account number 0331 Nonpriority Creditor's Name 2600 Westhall Lane Box 300 When was the debt incurred? 05/2017 Maitland, FL 32751 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Medical Services** Other. Specify 4.6 **Chase Card** \$2,478.00 Last 4 digits of account number 1020 Nonpriority Creditor's Name Opened 02/14 Last Active Attn: Correspondence Dept Po Box 15298 When was the debt incurred? 2/05/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.7 **Chase Card** \$729.00 Last 4 digits of account number 4421 Nonpriority Creditor's Name Attn: Correspondence Dept Opened 08/15 Last Active Po Box 15298 When was the debt incurred? 1/19/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

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| Isabel M. Rivera | | Case number (if know) | |
|---|--|---|------------|
| Client Services, Inc | Last 4 digits of account number | 6712 | \$2,137.84 |
| Nonpriority Creditor's Name 3451 Harry S. Truman Blvd | When was the debt incurred? | 09/2017 | |
| Saint Charles, MO 63301 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | no or the date you me, the claim | or oncor all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Collection | Agent for Bank of America | |
| Comenity Bank/Express | Last 4 digits of account number | 5268 | \$2,635.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 04/95 Last Active 10/17 | |
| Columbus, OH 43218 Number Street City State Zlp Code | As of the data way file the plains | in Observation | |
| Who incurred the debt? Check one. | As of the date you file, the claim | is: Cneck all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Charge Ac | count | |
| Comenity Bank/Victoria Secret | Last 4 digits of account number | 8682 | \$4,073.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 04/95 Last Active | . , |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | ■ Other Specify Charge Ac | count | |
| — · | - Other Specify | | |

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Debtor 1 Isabel M. Rivera Case number (if know) 4.1 \$1,415.00 Comenitybank/New York 1089 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/12 Last Active AttN: Bankruptcy Po Box 182125 When was the debt incurred? 10/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 Credence Excellence Beyond Belief 3204 \$287.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 2390 09/2015 When was the debt incurred? Southgate, MI 48195 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Account ☐ Yes 4.1 **Discover Financial** 1303 \$1.542.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/14 Last Active Po Box 3025 When was the debt incurred? 2/13/17 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card

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Document Page 23 of 60 Debtor 1 Isabel M. Rivera Case number (if know) 4.1 IRS Department of the Treasury P523 \$4,897.09 Last 4 digits of account number 4 Nonpriority Creditor's Name When was the debt incurred? 2011-2013 Cincinnati, OH 45999 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Taxes 4.1 4047 MiraMed Revenue Group \$80.20 Last 4 digits of account number 5 Nonpriority Creditor's Name Dept. 77304 When was the debt incurred? 07/2017 P.O. Box 77000 Detroit, MI 48277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.1 MiraMed Revenue Group 0822 \$35.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Dept. 77304 When was the debt incurred? 09/2017 P.O. Box 77000 Detroit, MI 48277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify Medical Services

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Document Page 24 of 60 Debtor 1 Isabel M. Rivera Case number (if know) 4.1 MiraMed Revenue Group 7306 \$19.84 Last 4 digits of account number Nonpriority Creditor's Name 06/2017 Dept. 77304 When was the debt incurred? P.O. Box 77000 Detroit, MI 48277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes 4.1 MiraMed Revenue Group 6653 \$114.30 Last 4 digits of account number 8 Nonpriority Creditor's Name Dept. 77304 06/2017 When was the debt incurred? P.O. Box 77000 Detroit. MI 48277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.1 MiraMed Revenue Group 1007 \$3,100.79 Last 4 digits of account number 9 Nonpriority Creditor's Name Dept. 77304 When was the debt incurred? 05/2017 P.O. Box 77000 Detroit, MI 48277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify Medical Services

☐ Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Isabel M. Rivera Case number (if know) 4.2 MiraMed Revenue Group 8530 \$3,801.46 Last 4 digits of account number 0 Nonpriority Creditor's Name 04/2017 Dept. 77304 When was the debt incurred? P.O. Box 77000 Detroit, MI 48277 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.2 **Nationwide Credit Collections** 7999 \$637.11 Last 4 digits of account number Nonpriority Creditor's Name 815 Commerce Drive 07/2017 When was the debt incurred? Suite 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts Collection Agent for University of Illinois at ☐ Yes Other. Specify Chicago 4.2 **Nationwide Credit Collections** 4690 \$3,028.70 Last 4 digits of account number Nonpriority Creditor's Name **815 Commerce Drive** When was the debt incurred? 04/2017 Suite 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Collection AGent for University of Illinois** ☐ Yes Other. Specify Hospital & Health

Document Page 26 of 60 Debtor 1 Isabel M. Rivera Case number (if know) 4.2 **Nationwide Credit Collections** 4976 \$3,064.08 Last 4 digits of account number 3 Nonpriority Creditor's Name **815 Commerce Drive** 10/2017 When was the debt incurred? Suite 270 Oak Brook, IL 60523 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Agent for University of Illinois Other. Specify ☐ Yes **Hospital & Health Science System** 4.2 Nationwide Credit, Inc 3955 \$729.13 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 1581 10/2017 When was the debt incurred? Des Moines, IA 50306 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Agent for Chase Bank ☐ Yes 4.2 Nationwide Credit, Inc 7339 \$2,478,24 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 1581 When was the debt incurred? 10/2017 Des Moines, IA 50306 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Collection Agent for Chase Bank

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Debtor 1 Isabel M. Rivera Case number (if know) 4.2 1015 \$36,252.00 Navient Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 10/07 Last Active Po Box 9500 When was the debt incurred? 10/31/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Educational** 4.2 7 \$3,488.11 **Northland Group** 1185 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 3904846 When was the debt incurred? 09/2017 Minneapolis, MN 55439 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Agent of Capital One Bank ☐ Yes 4.2 9397 \$4,015.80 **Northwestern Medicine** Last 4 digits of account number 8 Nonpriority Creditor's Name 28155 Network Place 09/2017 When was the debt incurred? Chicago, IL 60673 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Services

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Debtor 1 Isabel M. Rivera Case number (if know) 4.2 Porfolio Recovery 9006 \$1,494.48 Last 4 digits of account number 9 Nonpriority Creditor's Name 120 Corporate Blvd 09/2017 When was the debt incurred? Suite 1 Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Agent for Walmart ☐ Yes 4.3 R.M.S. 3190 \$115.00 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 361598 09/2017 When was the debt incurred? Columbus, OH 43236 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection ☐ Yes 4.3 **RGS Financial. Inc** 7697 \$2.079.46 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 852039 When was the debt incurred? 09/2017 Richardson, TX 75085 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Agent for Paypal

☐ Yes

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| ebtor | 1 Isabel M. Rivera | | Case number (if know) | | | |
|-------|--|---|---|------------|--|--|
| 3 | Syncb/PLCC | Last 4 digits of account number | 5449 | \$1,096.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 07/93 Last Active 10/08/17 | · • | | |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| | Target Nonpriority Creditor's Name | Last 4 digits of account number | 0564 | \$1,962.00 | | |
| | C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440 | When was the debt incurred? | Opened 10/16 Last Active 03/17 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 1 | The Unversity of Illinois | Last 4 digits of account number | 7999 | \$142.00 | | |
| _ | Nonpriority Creditor's Name College of Medicine 7720 Solution Center | When was the debt incurred? | 09/2017 | | | |
| | Chicago, IL 60677 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

■ Other. Specify Medical Services

☐ Yes

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Debtor 1 Isabel M. Rivera

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------------|-----|---|-----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 36,252.00 |
| claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 73,125.22 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 109,377.22 |

| | | DUCUITE | III FAUE ST OLOO | |
|---|-------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Isabel M. Rivera | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | <u> </u> | | Otato | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | • | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | Jity | | Oldic | | |

| | | Docume | ent Page 32 d | of 60 | |
|-----------------------------|-------------------------------|--|---|--|----------------|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Isabel M. Rivera | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle News | Last Name | | |
| (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | ner | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Oπ: -: - i | I Гажа 400I I | | | | |
| | Form 106H | _ | | | |
| Sched | ule H: Your Cod | ebtors | | 12/15 | j |
| ■ No □ Yes 2. With Arizona | | l lived in a community pr Nevada, New Mexico, Pu | operty state or territor erto Rico, Texas, Washi | ry? (Community property states and territories include | |
| in line Form out Co | 2 again as a codebtor only it | f that person is a guaran Form 106E/F), or Sched | tor or cosigner. Make | r if your spouse is filing with you. List the person sho sure you have listed the creditor on Schedule D (Office). Use Schedule D, Schedule E/F, or Schedule G to Column 2: The creditor to whom you owe the delicated all schedules that apply: | cial o fill |
| 3.1 | Name | | | □ Schedule D, line □ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Ctuest | | | | |
| | Number Street City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| 1 | Number Street | | | _ | |
| | City | State | 7IP Code | | |

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| Fill | in this information to identify yo | our case: | | | | İ | | | | | |
|--------------------|---|--|--|-----------------------|---------------|---------------------------------------|------------------------|-------------------------------|-----------------|--|--|
| | | I. Rivera | | | | | | | | | |
| | otor 2 buse, if filing) | | | | _ | | | | | | |
| Uni | ted States Bankruptcy Court fo | or the: NORTHERN DISTRIC | CT OF ILLINOIS | | _ | | | | | | |
| | se number | | - | | | | ed filing ent show | ring postpetition | | | |
| 0 | fficial Form 106I | | | | | MM / DD/ | | | | | |
| S | chedule I: Your I | ncome | | | | , 22, | | | 12/15 | | |
| sup spo atta | as complete and accurate as plying correct information. If use. If you are separated and the a separate sheet to this formation. Describe Employment | you are married and not fili I your spouse is not filing w orm. On the top of any additi | ng jointly, and your ith you, do not inclu | spouse i de inforn | s liv nati | ing with you, inc on about your sp | ude info ouse. If r | rmation about more space is | your needed, | | |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, | | ☐ Employed | ☐ Emp | ☐ Employed | | | | | | |
| | attach a separate page with information about additional employers. | Employment status | ■ Not employed | | | □ Not € | ☐ Not employed | | | | |
| | Include part-time, seasonal, self-employed work. | Occupation Employer's name | | | | | | | | | |
| | Occupation may include stude or homemaker, if it applies. | lent Employer's address | | | | | | | | | |
| | | How long employed t | here? | | | | | | | | |
| Par | t 2: Give Details About | Monthly Income | | | | | | | | | |
| | mate monthly income as of t use unless you are separated. | he date you file this form. If | you have nothing to r | eport for a | any | line, write \$0 in the | space. I | nclude your no | n-filing | | |
| | u or your non-filing spouse have space, attach a separate she | | ombine the informatio | n for all e | mpl | oyers for that pers | on on the | lines below. If | you need | | |
| | | | | | | For Debtor 1 | | ebtor 2 or iling spouse | | | |
| 2. | | salary, and commissions (b | | 2. | \$ | 0.00 | \$ | N/A | - | | |
| 3. | Estimate and list monthly of | overtime pay. | | 3. | +\$ | 0.00 | +\$_ | N/A | | | |
| 4. | Calculate gross Income. A | dd line 2 + line 3. | | 4. | \$ | 0.00 | \$_ | N/A | | | |

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| Debt | or 1 | Isabel M. Rivera | - | Case n | umber (if known) | | | | |
|----------|--|--|--------------------------|--------------|------------------------------|--------------------------|------------------------|---------------------|------|
| | | | | For I | Debtor 1 | | r Debtor n-filing s | | |
| | Сор | y line 4 here | 4. | \$ | 0.00 | \$_ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. 5b. 5c. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans | 5a. 5b. 5c. | \$ \$ | 0.00 0.00 0.00 | \$_ \$_ \$ | | N/A N/A | |
| | 5d. 5e. 5f. 5g. | Required repayments of retirement fund loans Insurance Domestic support obligations Union dues | 5d. 5e. 5f. 5g. | \$ | 0.00 0.00 0.00 0.00 | \$_ \$_ \$_ \$_ | | N/A N/A N/A | |
| | 5h. | Other deductions. Specify: | 5h | · : — | 0.00 | : - | | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$_ | | N/A | |
| 7. 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm | 7. | \$ | 0.00 | \$_ | | N/A | |
| | 8b. | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends | 8a. 8b. | \$ | 0.00 | \$_ \$ | | N/A N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ | | ¢. | | | |
| | 8d. | Unemployment compensation | 8c. 8d. | · · — | 0.00 | \$ \$ | | N/A N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$_ | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: | _ 8h | + \$ | 0.00 | + \$_ | | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | | N/A | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | · | 0.00 + \$ | | N/A | = \$ | 0.00 |
| 11. | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | e. 12. | \$ | 0.00 |
| 13. | Do y ■ | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | | Combined monthly in | |

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| | | | | | | _ | | |
|-----------------|------------------------------|---------------------------------------|------------------------|---|----------------------|---------------|-------------------|---|
| Fill in | this informa | tion to identify yo | our case: | | | | | |
| Debto | or 1 | Isabel M. Riv | /era | | | Che | ck if this is: | |
| | 0 | | | | _ | | An amended filing | |
| Debto (Spou | or 2 ise, if filing) | | | | | | | wing postpetition chapter the following date: |
| ` ' | | | | | | | · | |
| United | d States Bankr | uptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | MM / DD / YYYY | |
| Case (If kno | number own) | | | | | | | |
| Off | icial Fo | rm 106J | | | | | | |
| Sc | hedule | J: Your | Exper | ises | | | | 12/1 |
| Be as | s complete a | and accurate as | possible eded, atta | . If two married people ar | | | | |
| Part | | ibe Your House | ehold | | | | | |
| | Is this a joir | | | | | | | |
| | ■ No. Go to | | _ | | | | | |
| | | | in a separ | ate household? | | | | |
| | | | - 1 (") - () (" - " | -I.F 400.I.O. F | . f O (. 11 | -11-1-(D -1- | 10 | |
| | ШΥ | es. Deptor 2 mus | st file Offici | al Form 106J-2, <i>Expenses</i> | tor Separate House | enola of Deb | otor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| _ | _ | | | | | | | ☐ Yes |
| | | penses include f people other t | ∎ han | No | | | | |
| | | d your depende | | Yes | | | | |
| Part 2 | 2: Estim | ate Your Ongoi | na Month | v Evnoncos | | | | |
| Estin expe | nate your ex | penses as of y | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | alue of sucl cial Form 10 | | d have inc | cluded it on Schedule I: Y | our Income | | Your exp | enses |
| (| | , | | | | | | |
| | | or home owners and any rent for th | | ses for your residence. In or lot. | nclude first mortgag | e 4. S | . | 0.00 |
| | If not includ | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | \$ | 0.00 |
| | 4b. Prope | rty, homeowner's | s, or renter | 's insurance | | 4b. S | · | 0.00 |
| | | | | ipkeep expenses | | 4c. \$ | | 0.00 |
| | | owner's associat | | | ma aquitu la ara | 4d. S | · | 0.00 |
| 5. | Auditional l | nortgage paym | enis for yo | our residence, such as ho | me equity loans | 5. 9 | p | 0.00 |

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| Debtor 1 Isabel N | 1. Rivera | Case num | ber (if known) | |
|--------------------|---|------------------|-------------------|---------------------------|
| 6. Utilities: | | | | |
| | y, heat, natural gas | 6a. | \$ | 0.00 |
| • | ewer, garbage collection | 6b. | · · | 0.00 |
| | ne, cell phone, Internet, satellite, and cable services | 6c. | · | 253.00 |
| 6d. Other. Sp | | 6d. | · - | 0.00 |
| | sekeeping supplies | 0d. 7. | · | |
| | | | · | 200.00 |
| | children's education costs | 8. | · | 0.00 |
| - | dry, and dry cleaning | 9. | · | 20.00 |
| | products and services | 10. | · | 100.00 |
| . Medical and de | • | 11. | \$ | 0.00 |
| | 1. Include gas, maintenance, bus or train fare. | 12. | ¢ | 0.00 |
| Do not include | | | · | |
| | , clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 |
| | tributions and religious donations | 14. | \$ | 0.00 |
| 5. Insurance. | | | | |
| | insurance deducted from your pay or included in lines 4 or 20. | | _ | |
| 15a. Life insur | | 15a. | · | 0.00 |
| 15b. Health in: | | 15b. | · | 0.00 |
| 15c. Vehicle ir | nsurance | 15c. | \$ | 200.00 |
| 15d. Other ins | surance. Specify: | 15d. | \$ | 0.00 |
| 6. Taxes. Do not i | nclude taxes deducted from your pay or included in lines 4 or 20. | | - | |
| Specify: | | 16. | \$ | 0.00 |
| 7. Installment or | | | • | |
| | nents for Vehicle 1 | 17a. | · | 215.00 |
| 17b. Car paym | nents for Vehicle 2 | 17b. | \$ | 0.00 |
| 17c. Other. Sp | pecify: | 17c. | \$ | 0.00 |
| 17d. Other. Sp | pecify: | 17d. | \$ | 0.00 |
| | s of alimony, maintenance, and support that you did not repo | | | 0.00 |
| | your pay on line 5, Schedule I, Your Income (Official Form 1 | 06I). 18. | · | 0.00 |
| | ts you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
| | perty expenses not included in lines 4 or 5 of this form or on | | | |
| 20a. Mortgage | es on other property | 20a. | · | 0.00 |
| 20b. Real esta | ate taxes | 20b. | \$ | 0.00 |
| 20c. Property, | homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. Maintena | ince, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| 20e. Homeow | ner's association or condominium dues | 20e. | \$ | 0.00 |
| I. Other: Specify: | | | +\$ | 0.00 |
| . Other openly. | | | ΙΨ | 0.00 |
| • | monthly expenses | | | |
| 22a. Add lines 4 | 4 through 21. | | \$ | 988.00 |
| 22b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106 | SJ-2 | \$ | |
| 22c. Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 988.00 |
| | | | L . — | |
| | monthly net income. | | • | <u> </u> |
| | e 12 (your combined monthly income) from Schedule I. | 23a. | · - | 0.00 |
| 23b. Copy you | ur monthly expenses from line 22c above. | 23b. | -\$ | 988.00 |
| 220 Cubino | your monthly expenses from your monthly income | | | |
| | your monthly expenses from your monthly income. It is your <i>monthly net income</i> . | 23c. | \$ | -988.00 |
| THE TESU | icio your monany nocumounio. | 3.53 | | |
| | an increase or decrease in your expenses within the year after | | | |
| | ou expect to finish paying for your car loan within the year or do you expect | ct your mortgage | payment to increa | ase or decrease because o |
| | e terms of your mortgage? | | | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

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| Fill in this info | rmation to identify your | case: | | rusta ili |
|---|--------------------------|-------------------------------|-----------|---------------------------------------|
| Debtor 1 | Isabel M. Rivera | Middle Near | | |
| Debtor 2 | riistivaille | Middle Name | Last Name | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number | | | | |
| (ii Kilowii) | | | | ☐ Check if this is all amended filing |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | |
|--|--|
| Did you pay or agree to pay someone who is NOT an attor | ney to help you fill out bankruptcy forms? |
| ■ No | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
| Under penalty of perjury, I declare that I have read the summer that they are true and correct. X Isabel M. Rivera | mary and schedules filed with this declaration and X Signature of Debtor 2 |
| Signature of Debtor 1 Date 0 0 0 0 0 8 | Date |

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| Fill | in this inform | ation to identify you | r case: | | | |
|--------|---------------------------------|---|--|------------------------------------|-------------------------------------|------------------------------------|
| Deb | otor 1 | Isabel M. Rivera | | | | |
| Deb | otor 2 | First Name | Middle Name | Last Name | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Ban | kruptcy Court for the: | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Cas | se number | | | | | |
| (if kn | own) | | | | | Check if this is an |
| | | | | | | amended filing |
| Ot∙ | ficial For | ·m 107 | | | | |
| | ficial For | | Affairs for Individ | luala Eilina far E | Pankruntav | 4/10 |
| info | rmation. If mo ber (if known | ore space is needed,). Answer every que | ble. If two married people a attach a separate sheet to s stion. arital Status and Where You | this form. On the top of ar | | |
| | | | | Lived Belore | | |
| 1. | What is your | current marital statu | is? | | | |
| | ☐ Married | | | | | |
| | Not marr | ried | | | | |
| 2. | During the la | st 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. List | all of the places you | ived in the last 3 years. Do no | ot include where you live no | W. | |
| | Debtor 1 Pri | or Address: | Dates Debtor 1 lived there | Debtor 2 Prior A | ddress: | Dates Debtor 2 lived there |
| | 6812 North Tampa, FL | Clark Avenue 33614 | From-To: 03/2017 -11/20 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| | No Yes. Mal | es include Arizona, Ca | ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev medule H: Your Codebtors (Of r Income | /ada, New Mexico, Puerto F | | |
| | | | | | | |
| 4. | Fill in the total | amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including par | t-time activities. | endar years? |
| | □ No | | | | | |
| | Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | | ■ Wages, commissions, bonuses, tips | \$1,500.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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| | Debtor | | Debtor 1 | 1 | | | Debtor 2 | | |
|-----|------------------------|---------------------------------|----------------------------------|--|----------------------------|-------------------------------------|--|--------------|---|
| | | | | Sources of income Check all that apply. | | income e deductions and ions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | | \$24,560.00 | ☐ Wages, con bonuses, tips | ımissions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| For | r the calendrian | dar year: December | 31, 2015) | ■ Wages, commissions, bonuses, tips | | \$24,750.00 | ☐ Wages, con bonuses, tips | nmissions, | |
| | | | | ☐ Operating a business | | | ☐ Operating a | business | |
| | winnings. List each s | If you are fili | ng a joint cas | pensions; rental income; inte se and you have income that ome from each source separa | you receiv | ed together, list it o | only once under D | ebtor 1. | nu gambiing and lottery |
| | | | nano. | Dahtar 1 | | | Dobton 2 | | |
| | | | | Debtor 1 Sources of income Describe below. | each s | e deductions and | Debtor 2 Sources of ind Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: List | Certain Pa | yments You | Made Before You Filed for | Bankrupt | су | | | |
| 6. | Are either □ No. | Neither Deindividual puring the | ebtor 1 nor E orimarily for a | 's debts primarily consume Debtor 2 has primarily consume personal, family, or househouse you filed for bankruptcy, do | umer deb | 9." | | | 01(8) as "incurred by ar |
| | | ☐ Yes | paid that cr not include | each creditor to whom you pa editor. Do not include payme payments to an attorney for t t on 4/01/19 and every 3 year | nts for don this bankru | nestic support obliq iptcy case. | gations, such as cl | hild support | and alimony. Also, do |
| | ■ Yes. | | | or both have primarily const ore you filed for bankruptcy, d | | | al of \$600 or more | ? | |
| | | ■ No. | Go to line 7 | . | | | | | |
| | | □ _{Yes} | include pay | each creditor to whom you pa rments for domestic support o this bankruptcy case. | | | | | |
| | Creditor' | s Name and | d Address | Dates of payme | ent | Total amount | Amount you still owe | Was this | payment for |

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| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any gen control, or owner of 20% o | eral partners; partner r more of their voting | erships of which yo g securities; and ar | u are a genera ny managing a | al partner; corporations gent, including one for |
|--|---|---|---|---|---------------------------------|---|
| | Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | ments or transfer a | iny property on a | ccount of a d | ebt that benefited an |
| | No☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment litor's name |
| Par | t 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | | | | | d, seized, or levied? | |
| | Creditor Name and Address | Describe the Property | _ | Date | | Value of the property |
| | | Explain what happened | i | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fir | nancial institution | , set off any a | amounts from your |
| | Creditor Name and Address | | | | | Amount |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes | | | | | |
| Par | List Certain Gifts and Contributions | | | | | |
| 13. | ■ No | tcy, did you give any gifts | s with a total value | of more than \$60 | 0 per person | ? |
| | ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the gi | you gave fts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

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Case number (if known) Debtor 1 Isabel M. Rivera 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Yes. Fill in the details. п Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Thayer C. Torgerson 11/9/2017 \$1,265.00 Cash 2400 North Western Avenue Chicago, IL 60647 www.tedtorgersonlaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο П Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred Address or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

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Isabel M. Rivera Debtor 1

| 19. | ber | hin 10 years before you filed for bankrup neficiary? (These are often called asset-pro No | | ny property to a | self-settle | d trust or similar device | of which ye | ou are a |
|---|------------|--|--|-------------------------|-------------|--|----------------|--------------------------------------|
| | | Yes. Fill in the details. | | | | | | |
| | Na | ime of trust | Description and | value of the pro | perty trans | sterred | made Trai | nsfer was |
| Pa | t 8: | List of Certain Financial Accounts, Ins | truments, Safe Deposi | t Boxes, and St | torage Unit | s | | |
| 20. | sol Inc | thin 1 year before you filed for bankruptcy d, moved, or transferred? lude checking, savings, money market, o uses, pension funds, cooperatives, assoc No Yes. Fill in the details. | r other financial accou | nts; certificates | s of deposi | | | |
| | | nme of Financial Institution and Idress (Number, Street, City, State and ZIP de) | Last 4 digits of account number | Type of acco instrument | unt or | Date account was closed, sold, moved, or transferred | | st balance closing or transfer |
| Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securicash, or other valuables? No Yes. Fill in the details. | | | | | curities, | | | |
| | | nme of Financial Institution Idress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you have it | |
| 22. | Hav | ve you stored property in a storage unit o No Yes. Fill in the details. | r place other than you | r home within 1 | year befor | re you filed for bankrupt | cy? | |
| | | nme of Storage Facility Idress (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, S State and ZIP Code) | | Describe | the contents | Do you have it | |
| Pa | t 9: | Identify Property You Hold or Control t | for Someone Else | | | | | |
| 23. | for | you hold or control any property that sor someone. | neone else owns? Incl | ude any proper | ty you bor | rowed from, are storing | for, or hold | in trust |
| | _ | Yes. Fill in the details. vner's Name Idress (Number, Street, City, State and ZIP Code) | Where is the proj (Number, Street, City, S Code) | | Describe | the property | | Value |
| Pa | t 10 | : Give Details About Environmental Info | , | | | | | |
| For | the | — purpose of Part 10, the following definitio | ons apply: | | | | | |
| | tox | vironmental law means any federal, state, ic substances, wastes, or material into the ulations controlling the cleanup of these | e air, land, soil, surfac | e water, ground | | | | |

Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Isabel M. Rivera

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | |
|-----|---|--|-------------------------------------|--------------------|--|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envir | onmental law? Include settlements a | nd orders. | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | |
| Par | 11: Give Details About Your Business or Con | nections to Any Business | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have any | of the following connections to any | business? | | | | |
| | ☐ A sole proprietor or self-employed in a t | trade, profession, or other activity, o | either full-time or part-time | | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnership | p (LLP) | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | | | |
| | ☐ An owner of at least 5% of the voting or | equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Part 12. | | | | | | | |
| | Yes. Check all that apply above and fill in t | he details below for each business. | | | | | | |
| | | scribe the nature of the business | Employer Identification number | | | | | |
| | Address (Number, Street, City, State and ZIP Code) | me of accountant or bookkeeper | Do not include Social Security r | iumber or IIIN. | | | | |
| 28. | Within 2 years before you filed for bankruptcy, on stitutions, creditors, or other parties. | did you give a financial statement to | o anyone about your business? Inclu | de all financial | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Date Issued Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | | | | | | | | |

| □ Na Ad | s any governmental unit not No Yes. Fill in the details. | ified you tha | t vou mav be liable o | | | |
|-------------------|--|----------------------------|--|-------------------------------------|-----------------------------|----------------------------|
| □ Na Ad | No | | | r potentially liable ι | under or in violation of a | an environmental law? |
| Na Ad | | | | | | |
| Na Ad | 163. I III III tilo dotalio. | | | | | |
| A | ame of site | | Governmental | unit | Environmental law, | if you Date of no |
| | ddress (Number, Street, City, State | and ZIP Code) | | er, Street, City, State and | know it | |
| 25. Ha | ve you notified any governm | nental unit of | any release of hazar | dous material? | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | ame of site ddress (Number, Street, City, State | and ZIP Code) | Governmental Address (Number ZIP Code) | unit er, Street, City, State and | Environmental law, know it | if you Date of no |
| 26. Ha | ave you been a party in any j | udicial or ad | ministrative proceedi | ng under any envir | ronmental law? Include | settlements and orders. |
| | | | | | | |
| _ | 140 | | | | | |
| | ase Title | | Court or agen | cv | Nature of the case | Status of t |
| | ase Number | | Name Address (Numb | er, Street, City, | | case |
| | | 2000 | | | | |
| Part 1 | 1: Give Details About Your | Business or | Connections to Any | business | | |
| 27. W | ithin 4 years before you filed | for bankrup | otcy, did you own a bu | usiness or have any | y of the following conne | ections to any business? |
| | ☐ A sole proprietor or se | elf-employed | in a trade, profession | n, or other activity, | either full-time or part-ti | ime |
| | ☐ A member of a limited | | | | | |
| | | | pany (LLO) or minesa | nabiney parenoroni | ,p (==. / | |
| | ☐ A partner in a partners | | | | | |
| | ☐ An officer, director, or | managing e | xecutive of a corpora | tion | | |
| | ☐ An owner of at least 5 | % of the voti | ng or equity securitie | s of a corporation | | |
| | No. None of the above ap | plies. Go to | Part 12. | | | |
| | Yes. Check all that apply | above and fi | Il in the details below | for each business | s. | |
| | Business Name | | Describe the natur | | Employer Identific | cation number |
| A | Address | oda) | Name of accounts | nt or bookkooner | Do not include So | cial Security number or I |
| (1 | Number, Street, City, State and ZIP Co | ode) | Name of accounta | nt or bookkeeper | Dates business ex | kisted |
| | /ithin 2 years before you file | | otcy, did you give a fi | nancial statement t | to anyone about your bu | usiness? Include all finan |
| | | | | | | |
| _ | No | | | | | |
| | | low. | | | | |
| A | Name Address Number, Street, City, State and ZIP Co | ode) | Date Issued | | | |
| Dowle | O. Simp Balance | | | | | |
| Part 1 | 2: Sign Below | | | | | |
| are tru with a | read the answers on this State and correct. I understand bankruptcy case can result i.C. \$\$ 152, 1341, 1519, and 3 | that making in fines up to | a false statement, cor | ncealing property, | or obtaining money or p | |
| leah | el M. Rivera | | Signature | of Debtor 2 | | |
| | ature of Debtor 1 | ^ | 0.9 | | | |
| Date | 011001 | 2018 | Date | | | |
| Date | | - 0 1 0 | Date | A Charles Tax Service | | |

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| Fill in this infor | mation to identify your | 222 | | | |
|-------------------------------------|---|---|---|---|---|
| | | case. | | | |
| Debtor 1 | Isabel M. Rivera | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fo | | n for Indiv | riduals Filing | Under Chapter | r 7 12/15 |
| | lividual filing under cha | - | out this form if: | | |
| you have least | sed personal property a is form with the court w ever is earlier, unless th | nd the lease has n | you file your bankruptcy | | for the meeting of creditors, creditors and lessors you list |
| | eople are filing together | r in a joint case, bo | th are equally responsib | ele for supplying correct info | ormation. Both debtors must |
| | and accurate as possib our name and case nur | | needed, attach a separa | ate sheet to this form. On th | e top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | e Secured Claims | | | |
| 1. For any credit information be | - | art 1 of Schedule D | : Creditors Who Have Cl | aims Secured by Property (| Official Form 106D), fill in the |
| | reditor and the property t | hat is collateral | What do you intend to secures a debt? | o do with the property that | Did you claim the property as exempt on Schedule C? |
| | | | _ | | _ |
| Creditor's N | Nissan Motor Accepta | anc | ☐ Surrender the prope | • | □ No |
| | 2015 Nissan Versa | 30000 miles | ☐ Retain the property ☐ Retain the property | and enter into a | ■ Yes |
| property | 2013 Missail Versa | 30000 miles | Reaffirmation Agree | | |
| securing debt | : | | Loan Modification | | |
| Part 2: List Y | our Unexpired Persona | l Property I eases | | | |
| For any unexpire in the information | ed personal property le on below. Do not list rea | ase that you listed Il estate leases. Un | expired leases are lease | ry Contracts and Unexpired es that are still in effect; the ume it. 11 U.S.C. § 365(p)(2) | Leases (Official Form 106G), fill lease period has not yet ended. |
| Describe your u | unexpired personal pro | perty leases | | , | Will the lease be assumed? |
| Lessor's name: | | | | | □ N: |
| Description of le | ased | | | | □ No |
| Property: | | | | I | □ Yes |
| Lessor's name: | | | | ı | □ No |
| Description of le Property: | ased | | | | _ |
| . roporty. | | | | | ☐ Yes |
| Lessor's name: | | | | | □ No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

| Debtor 1 Isabel M. Rivera | Case number (if known) |
|---|--|
| Description of leased Property: | ☐ Yes |
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Lessor's name: Description of leased Property: | □ No □ Yes |
| Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease. X Isabel M. Rivera Signature of Debtor 1 Date Date | A about any property of my estate that secures a debt and any personal X Signature of Debtor 2 Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | 7 : | Liquidation | |
|------------|-----|------------|--------------------|--|
| | \$2 | 245 | filing fee | |
| | Ş | \$75 | administrative fee | |
| | + 5 | \$15 | trustee surcharge | |
| | \$3 | 335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing tee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-00316 Doc 1 Filed 01/05/18 Entered 01/05/18 12:56:56 Desc Main Document Page 51 of 60

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| | Tiorene District of 1 | Case No. | | |
|-------|--|---|--------------------------------|----------------------|
| In re | te Isabel M. Rivera Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENSATION OF A | | | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am to compensation paid to me within one year before the filing of the petition in ban be rendered on behalf of the debtor(s) in contemplation of or in connection with | kruptcy, or agreed to be paid to the bankruptcy case is as for | d to me, for services | at rendered or to |
| | For legal services, I have agreed to accept | | 1,265.00 | |
| | Prior to the filing of this statement I have received | \$ | 1,265.00 | |
| | Balance Due | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation with any other | er person unless they are me | mbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation with a person or copy of the agreement, together with a list of the names of the people shari | persons who are not membering in the compensation is at | rs or associates of my tached. | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for a | all aspects of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and rendering advice to the debtor. b. Preparation and filing of any petition, schedules, statement of affairs and plots. c. Representation of the debtor at the meeting of creditors and confirmation had. [Other provisions as needed] Negotiations with secured creditors to reduce to market vareaffirmation agreements and applications as needed; prepared to the debtor. | lan which may be required; earing, and any adjourned he alue; exemption planning | earings thereof; | d filing of |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not include the Representation of the debtors in any dischargeability actionany other adversary proceeding. | following service: ons, judicial lien avoidar | nces, relief from s | ay actions or |
| | CERTIFICATION | N | | |
| | Signature of Law Office 2400 Nor Chicago, 773-772-0 | Torgerson of Attorney ce of Thayer C. Torgerso th Western Avenue IL 60647 0844 Fax: 773-772-0845 torgersonlaw.com | ongen | e debtor(s) in |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 7 DEBTORS AND THEIR ATTORNEYS

Chapter 7 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 7 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 7 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Advise the debtor of the need to maintain appropriate insurance.

AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 2. Notify the attorney of any change in the debtor's address or telephone number.
- 3. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 4. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 5. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 6. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 7. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 8. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

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- 5. Timely submit to the Chapter 7 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
- 7. Monitor all incoming case information for accuracy and com-pleteness. Contact the trustee promptly regarding any discrepancies.
- 8. Be available to respond to the debtor's questions throughout the term of the plan.
- 9. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 10. Object to improper or invalid claims.
- 11. Timely respond to motions for relief from stay.
- 12. Prepare, file, and serve all appropriate motions to avoid liens.
- 13. Provide any other legal services necessary for the administration of the case.

ALLOWANCE AND PAYMENT OFATTORNEYS' FEES

1. Any attorney retained to represent a debtor in a Chapter 7 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

\$1,265.00 Attorney's Fees \$335.00 Filing Fee

- 2. Prior to signing this agreement the attorney has received \$___1,600.00__\ leaving a balance due of \$_0.00__\. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.
- 3. Early termination of the case. Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 4. Retainers. The attorney may receive a retainer or other payment before filing the case,

but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

- a. Any retainer received by the attorney will be treated as an advance payment, allowing the attorney to take the retainer into income immediately. The reason for this treatment is the following:
- 5. In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.
- 6. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 7. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

| 8 | Discharge | of the | attornev. | The | debtor | may | discharge | the | attorney | at | any | time |
|----|------------|--------|------------|------|--------|------|------------|------|------------|----|-----|------|
| ο. | DINCHUI EE | OI THE | allor nev. | 1110 | acotor | IIIu | arberrarge | CIIC | Creco Line | | | |

| Debtor: | 1/2 | ^ | 10 | |
|---------------|-----|----|-----|--|
| Date: | (1) | 20 | (8) | |
| Joint Debtor: | | | | |
| Date: | | | | |

Debtor(s)
Do not sign if the fee amounts at top of this page are blank.

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United States Bankruptcy Court Northern District of Illinois

| | | Not their District of Inmois | | |
|-------|---|------------------------------------|------------------------|-----------------------|
| In re | Isabel M. Rivera | Debtor(s) | Case No. Chapter 7 | |
| | | | | |
| | VERIF | ICATION OF CREDITOR M | MATRIX | |
| | | Number o | f Creditors: | 35 |
| | The above-named Debtor(s) here (our) knowledge. | eby verifies that the list of cred | itors is true and corr | ect to the best of my |
| Datas | 01/06/2018 | Muud | | |
| Date: | | Isabel M. Rivera | | |
| | | Signature of Debtor | | |

AT&T Mobility P.O. Box 6416 Carol Stream, IL 60197

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

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Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Centra Care Florida Hospital Urgent 2600 Westhall Lane Box 300 Maitland, FL 32751

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

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Client Services, Inc 3451 Harry S. Truman Blvd Saint Charles, MO 63301

Comenity Bank/Express Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Comenitybank/New York AttN: Bankruptcy Po Box 182125 Columbus, OH 43218

Credence Excellence Beyond Belief P.O. Box 2390 Southgate, MI 48195

Discover Financial Po Box 3025 New Albany, OH 43054

IRS Department of the Treasury Cincinnati, OH 45999

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Porfolio Recovery 120 Corporate Blvd Suite 1 Norfolk, VA 23502 R.M.S. P.O. Box 361598 Columbus, OH 43236

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